

**STAYING CONNECTED TRAINING GRANT
TRAVEL SUPPORT DOCUMENT INSTRUCTIONS & GUIDELINES**

Submit one copy to the Staying Connected Grant Coordinator

1. **TRAVELER'S NAME.** This is the name of the individual who is paid travel by the sub-grant recipient.
2. **LIBRARY'S NAME.** This is the name of the sub-grant recipient.
3. **TRAVEL PURPOSE.** Specify purpose as it relates to the approved Project (conference, workshop, class, etc.)
4. **DATE.** This is the date of the actual travel.
5. **TIME.** This is the time of Departure or Arrival.
6. **AM/PM.** Indicate whether the TIME is morning or afternoon.
7. **DEPARTURE FROM.** Enter the name of the initial point of departure (City/State) and the point of departure for the return trip.
8. **ARRIVAL AT.** Enter the name of the destination (City/Cities and State).
9. **# MILES.** Enter the number of miles from the initial point of departure to the destination and for the return trip. If number of miles is significantly different from mileage indicated on maps, provide an explanation.
10. **MILES @ ____ per mile.** Enter the library's rate of reimbursement. Mileage is reimbursable at the County rate or State rate, whichever is lower, but may not exceed the Standard IRS Business rate.
11. **REGISTRATION FEE. Receipt is required.** Enter the total amount of registration fee paid. Meals included in the fee are allowable as part of the registration fee reimbursement.
12. **LODGING. Receipts are required and must be legible** and should include the name of the hotel/motel, traveler's name, date(s) of stay, a breakdown of charges and amount paid.
13. **AIR TRANSPORTATION. Receipts are required and must be legible** and should include the vendor's name, traveler's name, travel date(s), the destination, and amount of airfare.
14. **OTHER TRANSPORTATION. Receipts are required and must be legible** and should include the vendor's name, traveler's name, the date(s), destination, and amount. Other transportation includes ground transportation to and from the airport (such as taxi cabs and airport shuttles) as well as airport parking or hotel parking.
15. **MEALS.** This is for local use only to include all meals paid to the traveler. **Meals included in this column are not reimbursable.**
16. **MISCELLANEOUS.** This is for local use only to include items such as tips and telephone charges paid to the traveler. **These may be items reimbursable by the county.**
17. **TOTAL/GRAND TOTAL.** Add rows across to get a total for each day. Add the total column down to get a grand total of travel reimbursement.
18. **SIGNATURE.** The traveler's signature confirms that the Traveler's expenses incurred were necessary in the performance of official duties related to the officially approved sub-grant project.
19. **LIBRARY APPROVAL.** The signature verifies that the library recognizes the expenses as necessary in the performance of official duties related to the officially approved sub-grant project.

Please submit all forms, receipts, and proof of attendance to the Staying Connected Project Coordinator, Felicia Vereen, South Carolina State Library, Interagency Mail Service or P.O. Box 11469, Columbia, SC 29211. Legible fax copies are acceptable. If you have questions about the form or procedures for reimbursement, please call 803-734-8645 or email feliciav@leo.scsli.state.sc.us.